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PTO/SB/61 (09-04)

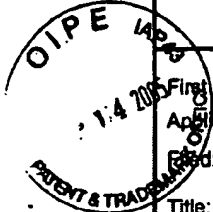
Approved for use through 07/31/2008. OMB 0651-0631

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED UNAVOIDABLY UNDER 37 CFR 1.137(a)

Docket Number (Optional)



First Named Inventor:

Art Unit:

Application Number:

Examiner:

Filed:

Title:

Attention: Office of Petitions
Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NOTE: If information or assistance is needed in completing this form, please contact
Petitions Information at (703) 305-9282.

The above-identified application became abandoned for failure to file a timely and proper reply to a notice or action by the United States Patent and Trademark Office. The date of abandonment is the day after the expiration date of the period set for reply in the Office notice or action plus any extensions of time actually obtained.

APPLICANT HEREBY PETITIONS FOR REVIVAL OF THIS APPLICATION.

NOTE: A grantable petition requires the following items:

- (1) Petition fee.
- (2) Reply and/or issue fee.
- (3) Terminal disclaimer with disclaimer fee-required for all utility and plant applications filed before June 8, 1995, and for all design applications; and
- (4) Adequate showing of the cause of unavoidable delay.

1. Petition fee

☒ Small entity - fee \$ 55.00 (37 CFR 1.17(l)). Applicant claims small entity status.
See 37 CFR 1.27.

☐ Other than small entity - fee \$ _____ (37 CFR 1.17(l)).

2. Reply and/or fee

A The reply and/or fee to the above noted Office action in the form of personal check (identify the type of reply):

☐ has been filed previously on _____

☒ is enclosed herewith.

B The issue fee of \$ 55.00 | 09/16/2005 SDENB081 00000012 03622475

01 FC:1999

55.00 OP

☐ has been filed previously on _____

☒ is enclosed herewith.

[Page 1 of 3]

This collection of information is required by 37 CFR 1.137(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNAVOIDABLY UNDER 37 CFR 1.137(a)**

3. Terminal disclaimer with disclaimer fee

- ☒ Since this utility/plant application was filed on or after June 8, 1995, no terminal disclaimer is required.
- ☐ A terminal disclaimer (and disclaimer fee (37 CFR 1.20(d)) of \$ _____ for a small entity or \$ _____ for other than a small entity) disclaiming the required period of time is enclosed herewith (see PTO/SB/63).

4. An adequate showing of the cause of the delay, and that the entire delay in filing the required reply from the due date for the reply until the filing of a grantable petition under 37 CFR 1.137(a) was unavoidable, is enclosed.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Paul D. Byrd 7/29/05
Signature Date

PAUL D. BYRD 09/823 475
Typed or printed name Registration Number, if applicable

17 Leisure Valley Drive (501) 329-4192
Address Telephone Number

Conway, AR 72032
Address

- Enclosure ☒ Fee Payment
- ☐ Reply
- ☐ Terminal Disclaimer Form
- ☐ Additional sheets containing statements establishing unavoidable delay
- ☐ _____

CERTIFICATE OF MAILING OR TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is being:

- ☒ deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to Mail Stop Petition, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

- ☐ transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) 872-9306.

8/01/05
Date

Paul D. Byrd
Signature

PAUL D. BYRD
Typed or printed name of person signing certificate

PETITION FOR REVIVAL OF AN APPLICATION FOR PATENT ABANDONED
UNAVOIDABLY UNDER 37 CFR 1.137(a)

NOTE: The following showing of the cause of unavoidable delay must be signed by all applicants or by any other party who is presenting statements concerning the cause of delay.

<p><u>Paul D. Byrd</u></p> <p>Signature</p>	<p><u>8/01/05</u></p> <p>Date</p>
<p><u>PAUL D. BYRD</u></p> <p>Typed or printed name</p>	<p><u>09/822,475</u></p> <p>Registration Number, if applicable</p>

(In the space provided below, please explain in detail the reasons for the delay in filing a proper reply.)

My injury occurred Oct. 25, 2004.
Enclosed are 2 documents verifying
the injury. I am paralyzed from
L5/S1. I am in rehabilitation now
and will be for the foreseeable
future. I am unable to work
and it is with great difficulty
that I respond to this patent
application.

Sincerely,
Paul D. Byrd

(Please attach additional sheets if additional space is needed.)



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Mr. Simitoski,

I received this envelope in today's mail.
I'm not sure why it did not get
to you. IT is exact condition as I
received it.

Sincerely,

Paul D. Byrd
17 Leisure Valley Dr
Conway, AR 72032
(501) 329-4192



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Statement about my injury.

The enclosed 2 documents verify that I received a spinal cord injury, and that rehabilitation is a continuing procedure and will take considerable time .

Sincerely,

Paul D. Byrd
Paul D. Byrd



Department of Veterans Affairs
REQUEST FOR OUTPATIENT SERVICES

ID Card Number:

(1) Veteran's Name | (2) ID Number | Period of Validity
PAUL D BYRD | 430908242 | FROM: Oct 27, 2004 TO: Jan 28, 2005

(3) ADDRESS | DATE OF ISSUE | CONDITIONS FOR WHICH SERVICES ARE REQUESTED (DESCRIPTION OF DISABILITY)
17 LEISUREVALLEY DR | Oct 28, 2004 | SPINAL CORD INFARCTION
CONWAY AR 72032

Name and Address of Fee Participant

AUTHORIZATION #: 250882-1

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AUTHORIZATION REMARKS

PATIENT AUTHORIZED FOR MRI. VA PAYMENT APPLIES ONLY TO PROCEDURE MENTION AND IS PAYMENT IN FULL. THE REMAINING BALANCE CANNOT BE BILLED TO PATIENT AND/OR ANY OTHER THIRD PARTY. PLEASE SEND BILL TO ADDRESS LISTED BELOW.

FOR VA USE ONLY

(5) STATE CODE	(6) COUNTY CODE	(7) TYPE OF	(8) YEAR OF BIRTH	(9) WAR	(10) PURPOSE
5	045	PATIENT	1946	7	09

STATION OF JURISDICTION	(11) CODE	(12) SEX
Veterans Administration		MALE
VA MEDICAL CENTER - 136G1/NLR	SHORT TERM - 1	(13) POW
2200 FORT ROOTS DRIVE		NO
NORTH LITTLE ROCK AR 72114		

APPROVED BY (Name and Title) (JMB)
William D. White
ACOS Education & Operations

Information On Veterans Administration Program

Acceptance of this request to render the prescribed services will constitute an agreement which is subject to the following:

- I. SERVICES. If services are not initiated, please return this document to the Station of Jurisdiction with a brief explanation. Unless approved by the VA, services are limited in type and extent to those shown.
- II. PERIOD OF VALIDITY. Service must be performed within the period of validity indicated.
If a longer time is needed, please request an extension.
- III. REPORTS. Clinical reports are required when an examination only has been requested. Please submit reports promptly to the Station Of Jurisdiction.
- IV. STATEMENT OF ACCOUNTS. Submit a Statement of Account in your usual manner. Your statement must include: (1) Patient's Name; (2) Identification NO.; (3) Treatment (CPT) and Dates Rendered; and (4) Fees.

V. FEES. Fees claimed may not exceed those made to the general public for like services.

VI. PAYMENT. Payment by the VA for services rendered and approved is payment in full.

VII. HOSPITALIZATION. When a need for hospital care is indicated, please call the Station of Jurisdiction for assistance in admitting the veteran to a VA hospital.

VIII. INQUIRIES. Additional information when required may be obtained by contacting the Station Of Jurisdiction.

VA Form 10-7079

Date Printed: Oct 28, 2004

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DEPARTMENT OF VETERANS AFFAIRS
North Texas Health Care System

In Reply Refer To: 549/OOA



To Whom It May Concern,

Mr. Byrd is a patient at the Dallas Veteran Hospital Spinal Cord Injury Center. He has sustained a permanent spinal cord injury and would benefit from living in the Dallas area close to the spinal cord center. To be able to do this he needs his only daughter, Blyss Luera, to live close to him. Her presence would benefit him emotionally and physically in his rehabilitation process. He will need to come to the VA for out patient rehabilitation. Blyss will be able to assist him with care, transportation and provide emotional support to Mr. And Mrs. Byrd. Please contact me should you have any questions.

Sincerely,

Melvin Mejia

Melvin Mejia, M.D.
SCI Staff Physician
214 857-1766

Dallas Veterans Affairs Medical Center
4500 South Lancaster Rd.
Dallas, TX 75216

Fort Worth Outpatient Clinic
300 West Rosedale
Fort Worth, TX 76104

Sam Rayburn Memorial Veterans Center
1201 East Ninth St.
Bonham, TX 75418

Corporate Office: 4500 South Lancaster Rd., Dallas, TX 75216

THW

NOTICE OF FEE DUE

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DATE: 09-16-05

TO: DAC

FROM: Office of Initial Patent Examination

SUBJECT: Fee Due

APPLICATION NUMBER 09822 475

A fee is due for the attached document submitted to the U.S. Patent and Trademark Office for the following reason. Please check the application for the appropriate authorizations to charge a deposit account if an authorization is present, please charge the Appropriate Fee. If and authorization is not present, notify the applicant of the fee deficiency.

- ☒ Insufficient fee by check
- ☐ Insufficient funds in deposit amount
- ☐ Insufficient by Credit Card
- ☐ Declined credit card
- ☐ Non-authorization for charge to deposit account
- ☐ No fee submitted per requirement

The correct fee code:	<u>2452</u>	Amount	\$ <u>250</u>
The suspended fee code:	1999	Amount	\$ <u>55</u>
The suspended	1622	Amount	\$ _____
The suspended	2622	Amount	\$ _____
Fee Due			\$ <u>195</u>

Terminal Operator SD311BOB1

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Byrd
17 Levee Valley Drive
Conroe, TX 72032

Michael J. Sinitoski

Commissioner of Patents & Trademarks
Washington, DC 20231

